

Reinsurance Intermediary Manager Michigan License Application

1	Name of individual Home address City State Zip Code Individual Social Security number (SSN)	Business name Business address City State Zip Code Business Tax ID number (FEIN)	
----------	--	---	--

2 If application is approved, please issue a license in the name of the: (choose only one) ☐ Individual ☐ Business

3 List all insurance agent and reinsurance intermediary licenses you hold or have ever held in all states. Attach additional sheets if necessary.

License type	Date acquired	State issuing license	License status

4 Each person in the business firm will be authorized to act as an reinsurance intermediary. List all employees. Attach additional sheets if necessary.

Name	Social Security number

5 Filing checklist: Include these items to complete your filing.

- ☐ Attach a copy of Proof of Bond for \$100,000.00 for protection of reinsurer.
- ☐ Attach a copy of an Errors and Omissions Policy for \$100,000.00 for protection of each reinsurer.
- ☐ Residents of a state other than Michigan must complete and submit form FIS 0846 Consent to Service for a Reinsurance Intermediary Manager.
- ☐ You must submit a copy of signed contract with reinsurer to the Commissioner 30 days before reinsurer assumes/cedes business for approval. Contract must address all items listed in Section 500.1161 of the Michigan Insurance Code.
- ☐ Attach a check for the \$100 application fee. This fee is non-refundable. Make check payable in U.S. Dollars to: State of Michigan.

6 Funds collected on behalf of insurer will be held in this/these qualified U.S. Bank(s): (separate bank accounts are required for each reinsurer)

Name of bank		
Address		
City	State	Zip Code

Attach additional sheets if necessary.

7 Certification

I swear under penalty of perjury that the information given in and attached to this application is true, complete and correct. I have read and understand: Prohibited conduct as stated in Section 500.1163, and possible penalties as stated in Section 500.1169.

Signature of reinsurance intermediary manager

Date signed

Mail completed
form to:

Office of Financial and Insurance Services
611 W Ottawa St
PO Box 30220
Lansing MI 48909

Authority: PA 218 of 1956 as amended. Required to apply for license as a reinsurance intermediary manager. Failure to properly file may result in denial of or action against your license including suspension or revocation

Visit OFIS on the Web at:
www.michigan.gov/ofis

 **Michigan Department of Consumer & Industry Services**
"Serving Michigan...Serving You"

Phone OFIS toll-free at:
1-877-999-6442

The Department of Consumer & Industry Services will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you may make your needs known to this agency.